

Case Number:	CM14-0121584		
Date Assigned:	08/06/2014	Date of Injury:	06/13/2012
Decision Date:	09/15/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47-year-old female who reported an injury after she fell off a ladder and landed on her back on 06/13/2012. The clinical note dated 07/03/2014 indicated diagnosis of chronic back pain. The clinical note is handwritten and hard to decipher. The injured worker reported pain rated 6/10 to 7/10 on physical examination. The injured worker's gait appeared uncomfortable. The injured worker's treatment plan included Tylenol No. 3. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included Motrin and Tylenol No. 3. The provider submitted a request for Tylenol No. 3. A request for authorization dated 07/03/2014 was submitted for Tylenol No. 3; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tylenol #3; #60 1-2 PO Daily with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine (Tylenol with Codeine; generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Tylenol #3; #60 1-2 PO Daily with two refills is non-certified. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of an objective assessment, the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, it was not indicated how long the injured worker had been utilizing this medication. Therefore, the request for Tylenol No. 3; #60 1 to 2 by mouth daily with 2 refills is non-certified.